

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
**01-015**

2. STATE  
Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
April 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 652,000  
b. FFY 2002 \$ 652,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Pages 42, 43, and 44

Attachment 4.11-A (P+I)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Pages 42, 43, and 44

Attachment 4.11-A (P+I)

10. SUBJECT OF AMENDMENT:

Department of Health Medicaid Administration Activities

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
DENNIS BRADDOCK

14. TITLE:  
Secretary

15. DATE SUBMITTED:

6/29/01

16. RETURN TO:

Department of Social and Health Services  
Medical Assistance Administration  
623 8<sup>th</sup> St SE MS: 45500  
Olympia, WA 98504-5500

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

JUL 2 2001

18. DATE APPROVED:

AUG 3 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APR 1 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

1/3

21. TYPED NAME:

TERESA L. TRIMBLE

22. TYPED NAME:

DOUGLAS R. MURPHY

23. REMARKS:

P+I changes authorized by the state on 7/12/01

TESTING

003

CITY/STATE

State: Washington

4.11 Relations with Standard-setting and Survey Agencies

- (a) The State agencies utilized by the Secretary to determine qualifications of institutions and suppliers of services to participate in Medicare is responsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients. These agencies are: the Department of Social and Health Services and the Department of Health.
- (b) The State authority (ies) responsible for establishing and maintaining standards, other than those relating to health, for public and private institutions that provide services to Medicaid recipients are: the Legislature, State Board of Health, State Fire Marshall, the Department of Social and Health Services, and the Department of Health.
- (c) Attachment 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are on file and made available to the Center for Medicare and Medicaid Services on request.

REVISION:

43

State: Washington

4.11 Relations with Standard-setting and Survey Agencies - continued

- (d) The Department of Social and Health Services and the Department of Health are the state agencies responsible for licensing health institutions and determine if institutions and agencies meet the requirements for participation in the Medicaid program. The requirements in 42 CFR 431.610 (e), (f) and (g) are met.

TN# 01-015  
Supersedes  
TN# 75-6

Approval Date: 8-7-01      Effective Date: 4/1/01

REVISION:

44

State: Washington

4.12 Consultations to Medical Facilities

- (a) Consultative services are provided by health and other appropriate State agencies to hospitals, nursing facilities, home health agencies, clinics and laboratories in accordance with 42 CFR 431.105(b).
- (b) Similar services are provided to other types of facilities providing medical care to individuals receiving services under the programs specified in 42 CFR 431.105 (b).

X Yes, as listed below:

Emergency medicine and trauma prevention pre-hospital system  
facilities and organizations  
Rural Health Clinics  
Rehabilitation facilities  
End Stage Renal Dialysis facilities  
Ambulatory Surgery Centers  
Child Birth Centers  
Residential Treatment facilities  
Chemical Dependency Treatment facilities

TN# 01-015  
Supersedes  
TN# 74-19

Approval Date: 8-2-01 Effective Date: 4/1/01

REVISION

ATTACHMENT 4.11 – A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Washington

The standards specified in paragraphs (a) and (b) on Page 42 of the Plan are as follows:

A.	General Hospitals	Revised Code of Washington	Chapter 70.41
B.	Skilled Nursing Facilities	Revised Code of Washington	Chapter 18.20
		and	Chapter 18.51
C.	Intermediate Care Facilities	Revised Code of Washington	Chapter 18.51
D.	State Hospitals for the Mentally Ill	Revised Code of Washington	Chapter 72.23

TN# 01-015  
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TN# 74-19

Approval Date: 8-02-01 Effective Date: 4/1/01